

FILED FEB 9 1951

## STANDARD CERTIFICATE OF DEATH

State File No. 772

BIRTH NO. _____		REG. DIST. NO. 113		PRIMARY REG. DIST. NO. 4185		Registrar's No. 1	
1. PLACE OF DEATH a. COUNTY <u>Franklin</u> Mo.				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>ST. CLAIR</u> Mo. b. COUNTY <u>Franklin</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>ST. CLAIR</u> Mo.		c. LENGTH OF STAY (In this place) <u>2 1/2 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>ST. CLAIR</u> Mo.		0361	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Home</u> <u>ST. CLAIR</u> Mo.				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>BERTHA</u>		b. (Middle) <u>JEAN</u>		c. (Last) <u>SMITH</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 12, 1951</u>	
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>DEC. 25, 1883</u>	
9. AGE (In years last birthday) <u>67</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Not known</u>		13b. MOTHER'S MAIDEN NAME <u>Not known</u>		14. NAME OF HUSBAND OR WIFE <u>William H Smith</u> <u>ST. CLAIR</u> Mo.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NONE</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>William H Smith</u> <u>ST. CLAIR</u> Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <u>Chronic myocardial Degeneration</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Phenomenon</u> DUE TO (c) <u>Rheumatoid Arthritis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Unspecified Anemia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>18 months</u> <u>2 1/2 yrs</u> <u>4222</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan 12, 1951</u> , to <u>Jan 12, 1951</u> , that I last saw the deceased alive on <u>Jan 12, 1951</u> , and that death occurred at <u>12</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>W. E. Mitchell</u> <u>1-12-51</u>				23b. ADDRESS <u>St. Clair</u> <u>Mo.</u>		23c. DATE SIGNED <u>1-12-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>1-14-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Odd Fellow Cem.</u>		24d. LOCATION (City, town, or county) <u>ST. CLAIR, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1-14-51</u>		REGISTRAR'S SIGNATURE <u>E. L. Worthington</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Sherrill K. Bell</u> <u>ST. CLAIR</u> Mo.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

FEB - 8 1951

RECEIVED

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_

*Sherwood W. Kitchell*

Signed.....

Student Embalmer

Licensed Embalmer No. *3873*

P. O. Address *St. Clair, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is ~~not~~ embalmed, fact should be so stated above.